## EMT – BASIC EMS YEARLY TRAINING REPORT

L. Name:						Assignment:									
F. Name:						Year Reporting:Name of Supervisor:									
MI:															
SSN#:					_										
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ENTER DATES OF TRAINING (EACH DATE R SUBJECT Jan Feb Mar Apr															
	Jan	reb	Mar	Apr	May	Jun	Jui	Aug	Sep	Oct	NOV	Dec	Total		
Abdominal Injuries															
Airway Management–Basic															
Anaphylaxis															
Anatomy & Physiology															
Behavioral Emergency															
Bleeding & Shock															
Cardiac Arrest Mngt – Basic															
Cardiovascular Emergency															
Childbirth															
Communications															
Diabetic Emergency															
Documentation															
Emergency Vehicle Operations															
Environmental Emergency															
Extrication Principals															
Fractures–Pelvis / Lower Extrem															
Fractures – Upper Extremities															
Gynecological Emergency															
Head, Neck & Spinal Injuries															
Infectious Diseases															
Mass Casualty Incidents															
Medical / Legal Issues															
Medication Administration															
Neonatal Care – Basic															
Patient Assessment															
Pharmacology															
Pediatric Pts – Medical (Basic)															
Pediatric Pts – Trauma (Basic)															
Respiratory Emergencies															
Soft Tissue Injuries & Burns															
Thoracic Injuries															
TN EMS Rules & Regulations															
MFD SOP's (Vol. 2)															
MFD EMS Protocols – Basic															
EMT-B Signature:  National Registry #:  State Licensure #:  Supervisor Signature:					-	Date:									
Supervisor Signature:							Date:								

Form # CR-46 Rev. 12-2000